

APPLICATION DATA SHEET

Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: DEVICE FOR AND METHOD OF FASTENING
AN EMITTER

Attorney Docket Number:: 027651-287

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 5

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Sweden

Status:: Full Capacity

Given Name:: Lars

Middle Name:: Ake

Family Name:: NASLUND

Name Suffix::

City of Residence:: Furulund

State or Province of Residence::

Country of Residence:: Sweden

Street of Mailing Address:: Skattevagen 12

City of Mailing Address:: Furulund

State or Province of Mailing Address::

Country of Mailing Address:: Sweden

Postal or Zip Code of Mailing Address:: SE-244 65

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Sweden
Status:: Full Capacity
Given Name:: Tommy
Middle Name::
Family Name:: NILSSON
Name Suffix::
City of Residence:: Svedala
State or Province of Residence::
Country of Residence:: Sweden
Street of Mailing Address:: Sommargatan 5
City of Mailing Address:: Svedala
State or Province of Mailing Address::
Country of Mailing Address:: Sweden
Postal or Zip Code of Mailing Address:: SE-233 35
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Italy
Status:: Full Capacity
Given Name:: Luca
Middle Name::
Family Name:: POPPI
Name Suffix::
City of Residence:: Formigine

State or Province of Residence::

Country of Residence:: Italy

Street of Mailing Address:: Via Piemonte 1

City of Mailing Address:: Formigine

**State or Province of Mailing
Address::**

Country of Mailing Address:: Italy

Postal or Zip Code of Mailing
Address:: 41043

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/SE2004/000893	06/09/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	0301783-7	06/19/03	Yes

Assignee Information

Assignee Name:: Tetra Laval Holdings & Finance S.A.

Street of Mailing Address:: Avenue General-Guisan 70

City of Mailing Address:: Pully

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-1009